FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0076

Expires: March 31, 2009

Estimated Average burden hours per form 4.00

TEMPORARY FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

| SEC USE | ONLY |
|---------|--------|
| Prefix | Serial |
| DATE RE | CEIVED |

| Name of Offering: EDEN CAPITAL PAR | TNERS, L.P Offer | ring of Limited P | artnership Inte | rests | | | |
|---|--|-----------------------|-----------------|-------------------------------|---|--|--|
| Filing Under (Check box(es) that apply): | ☐ Rule 504 | ☐ Rule 505 | Rule 506 | ☐ Section 4(6) | ☐ ULOE | | |
| Type of Filing: | New Filing | ☐ Amendment | | | | | |
| | A. B | ASIC IDENTIFICA | ATION DATA | | | | |
| 1. Enter the information requested about the | | | | | 1614 1514 1514 1616 1116 1116 1116 1116 | | |
| Name of Issuer (check if this is an an EDEN CAPITAL PARTNERS, L.P. | mendment and name ha | ns changed, and indic | cate change.) | | | | |
| Address of Executive Offices 5051 Westheimer, Suite 725, Houston, Texas | | and Street, City, Sta | te, Zip Code) | Telephone Num 713.807.1760 | 09036677 | | |
| Address of Principal Business Operations (if different from Executive Offices) | (Number | and Street, City, Sta | te, Zip Code) | Telephone Number (In | cluding Area Code) | | |
| Brief Description of Business: To operate | as a private investr | ment limited part | nership. | | Alg. | | |
| Type of Business Organization | | | | | | | |
| ☐ corporation | ☑ limited partne | rship, already formed | d 🗆 c | ther (please specify): | M. TAP TOTONS | | |
| ☐ business trust | ☐ limited partner | rship, to be formed | | | | | |
| Actual or Estimated Date of Incorporation or Organization: Month Year | | | | | | | |
| Jurisdiction of Incorporation: (Enter two-lette CN for Cana | er U.S. Postal Service Anda; FN for other foreig | | : : | Т | \mathbf{x} | | |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.E.,, Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. The copy not manually signed must be a photocopy of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

| | | A. BASIC IDENT | IFICATION DATA | | | | | | |
|---|---|---------------------------------|--|------------|---|------------------------------------|--|--|--|
| | n requested for the fol | | | | | | | | |
| Each promoter of the issuer, if the issuer has been organized within the past five years; | | | | | | | | | |
| | • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; | | | | | | | | |
| Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and | | | | | | | | | |
| ■ Each general and managing partner of partnership issuers. Check Roy(ec) that Apply: □ Promoter □ Repeticial Owner □ Executive Officer □ Director ☒ General and/or | | | | | | | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | | Managing Partner | | | |
| Full Name (Last name first, if i EDEN CAPITAL MANAGEM | | D (the "General Partner" or | ·"CD") | | | | | | |
| Business or Residence Address | | | - Gi) | | | | | | |
| | | , city, state, mip coat, | | | | | | | |
| 5051 Westheimer, Suite 725, H | | D B C 110 | ☐ Executive Officer | ☐ Director | X | General Partner | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | Executive Officer | Director | | of the GP | | | |
| Full Name (Last name first, if i | ndividual) | | | | | | | | |
| EDEN MANAGEMENT, LL | C (the General Partne | r of the General Partner) | | | | | | | |
| Business or Residence Address | (Number and Street, | , City, State, Zip Code) | | | | | | | |
| 5051 Westheimer, Suite 725, H | louston, Texas 77056 | | | | | | | | |
| Check Box(es) that Apply: | ➤ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | | General and/or Managing Partner | | | |
| Full Name (Last name first, if i | ndividual) | | | | | | | | |
| NEWAR, ADAM J. (the Pres | ident and Sole Princip | al of the General Partner of th | e General Partner) | | | | | | |
| Business or Residence Address | (Number and Street, | , City, State, Zip Code) | | | | | | | |
| 5051 Westheimer, Suite 725, H | louston, Texas 77056 | | | | | | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | | General and/or Managing Partner | | | |
| Full Name (Last name first, if i | ndividual) | | | | | | | | |
| Business or Residence Address | (Number and Street, | City, State, Zip Code) | | | | | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | | General and/or Managing Partner | | | |
| Full Name (Last name first, if is | ndividual) | | | | | | | | |
| Business or Residence Address | (Number and Street, | City, State, Zip Code) | <u> </u> | | | | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | | General and/or Managing Partner | | | |
| Full Name (Last name first, if in | ndividual) | | | | | | | | |
| Business or Residence Address | (Number and Street, | City, State, Zip Code) | | | | | | | |
| Check Box(es) that Apply: | ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☐ Director | | General and/or Managing Partner | | | |
| Full Name (Last name first, if in | ndividual) | | A STATE OF THE STA | | | | | | |
| Business or Residence Address | (Number and Street, | City, State, Zip Code) | Andrew Co O' | | | | | | |

| | | | | (Use bla | nk sheet, o | r copy and | use addition | nal copies o | f this sheet | , as necessa | ry.) | | | |
|--|--|--------------------------|----------------------------|------------------------|---------------------------------|------------------------|---------------------------|------------------------------|--------------|--------------|--------------|--------------|---|--------------|
| | | | | | RI | NFORM | ATION A | BOUT O | FFFRINC | 2 | | | | |
| | | | | | D. 1 | NFORM | ATIONA | BOOT O | PERINC | | | | Yes | No |
| 1. | 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | | | | | | | | X | | | | | |
| Answer also in Appendix, Column 2, if filing under ULOE. | | | | | | | | | | | | | | |
| 2. | What is the m | ninimum in | vestment th | at will be a | | | | | - | | | | \$ <u>1,000</u> , | <u>000 *</u> |
| | | | | | - | - | | | | | | | Yes | No |
| *(A | *(Any lesser amount is at the sole discretion of the General Partner.) | | | | | | | | | | _ | | | |
| 3. | Does the offe | | | | | | | | | | | | | |
| 4. | Enter the inf solicitation or registered wit a broker or de | f purchaser h the SEC | s in connec and/or with | tion with a state or s | sales of sec states, list th | urities in the name of | he offering the broker | . If a perso or dealer. I | on to be lis | ted is an a | ssociated p | erson or ag | similar remur ent of a broke ssociated pers | er or dealer |
| Full | Name (Last na | me first, if | individual) | | | | | | | | | | | |
| NO | NE | | | | | | | | | | | | | |
| Busi | iness or Reside | nce Addres | s (Number | and Street, | City, State, | Zip Code) |) | | | | | | | |
| | | | | | | | | | | | | | | |
| Nan | ne of Associate | d Broker or | · Dealer | | | | | | | | | | | |
| State | es in Which Pe | rson Listed | Has Solicit | ed or Inten | ds to Solici | t Purchaser | 's | | | | | | | |
| | (Charle "All S | 'totoo'' om ol | haale individ | dual Ctatas | | | | | | | | | 🗖 All S | tates |
| | (Check "All S | [AK] | [AZ] | [AR] | (CA) | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] | |
| | (IL) | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] | |
| | [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] | |
| - · | [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] | |
| Fuii | Name (Last na | me first, if | individual) | | | | | | | | | | | |
| Busi | ness or Reside | nce Addres | s (Numbe | r and Stree | t, City, Stat | e, Zip Code | e) | | | | | | | |
| Nam | e of Associated | d Broker or | Dealer | | | | - | | | | | | | |
| State | es in Which Pe | rson Listed | Has Solicit | ed or Inten | ds to Solici | Purchaser | s | | | | | | | |
| | (Check "All S | States" or cl | eck individ | lual States) | 1 | | | | | | | | | tates |
| | [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] | |
| | [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] | |
| | [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] [WY] | [PA] [PR] | |
| Full | [RI] Name (Last na | [SC] me first, if | [SD] individual) | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WI] | [FK] | |
| | | | | | | | | | | | | | | |
| Busi | ness or Reside | nce Addres | s (Numbe | r and Stree | t, City, Stat | e, Zip Code | e) | | | | | | | |
| Nam | e of Associated | d Broker or | Dealer | | | | | | | | | | | |
| State | es in Which Per | rson Listed | Has Solicit | ed or Intend | ds to Solicit | Purchaser | s | | | | | | | |
| | (Check "All S | tates" or ch | eck individ | lual States) | | | | | | | | | 🗖 All St | ates |
| | [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] | |
| | [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] | |
| | [MT] [RI] | [NE] [SC] | [NV] [SD] | [NH] [TN] | [NJ] [TX] | [NM] [UT] | [NY] [VT] | [NC] [VA] | [ND] [WA] | [OH] [WV] | [OK] [WI] | [OR] [WY] | [PA] [PR] | |
| | ĹIVI | ເນປ | [טע] | [117] | [17] | [UI] | 111 | LTAN | L''' 1 | F 1 | L J | 4 11 7 3 | | |

[TN] [TX] [UT] [VT] [VA] [WA] [WV] [V (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE | OF PROCEEDS | |
|-----|---|------------------------------|--|
| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of securities offered for exchange and already exchanged. | | |
| | Type of Security | Aggregate Offering Price (1) | Amount Already Sold (2) |
| | Debt | \$ | \$ |
| | Equity | \$ | \$ |
| | ☐ Common ☐ Preferred | | |
| | Convertible Securities (including warrants) | \$ | \$ |
| | Partnership Interests | \$ <u>750,000,000</u> | \$ <u>96,524,600</u> |
| | Other (specify) | \$ | \$ |
| | Total | \$ <u>750,000,000</u> | \$96,524,600 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | | |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | |
| | | Number investors (2) | Aggregate Dollar Amount of Purchases (2) |
| | Accredited Investors | 84 | \$ <u>96,524,600</u> |
| | Non-accredited Investors | 0 | \$0 |
| | Total (for filings under Rule 504 only) | N/A | \$N/A |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. | | Dollar Amount |
| | Type of offering | Type of Security | Sold |
| | Rule 505 | <u>N/A</u> N/A | \$ <u>N/A</u> \$ N/A |
| | Regulation A | | \$N/A |
| | Total | N/A | \$N/A |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | |
| | Transfer Agent's Fees | X | \$ <u>-0-</u> |
| | Printing and Engraving Costs | X | \$ 2,000 |
| | Legal Fees | X | \$20,000 |
| | Accounting Fees | X | \$_8,000 |
| | Engineering Fees | X | \$0 |
| | Sales Commissions (specify finders' fees separately) | X | \$ <u>-0-</u> |
| | Other Expenses (identify) Blue Sky filing fees | X | \$ -0- |
| | Total | X | \$ <u>30,000 (3)</u> |
| (2) | Open-end fund. The maximum aggregate offering price is estimated solely for the purpose of this filing The number of investors may include sales to U.S. and non-U.S. persons. Reflects an estimate of initial costs only. | Ţ, | |

| C. OFFERING PRI | CE, NUMBER OF INVESTORS, EXPENSES AND US | SE OF PROCEEDS | | |
|--|--|--|--|--|
| b. Enter the difference between the aggreg total expenses furnished in response to Part C to the issuer." | \$ <u>749,970,000</u> | | | |
| the purposes shown. If the amount for any pu | oss proceeds to the issuer used or proposed to be used for each of propose is not known, furnish an estimate and check the box to the is listed must equal the adjusted gross proceeds to the issuer set we. | | | |
| | | Payments to Officers, Directors, and Affiliates | Payments to Others | |
| Salaries and fees | | X \$ (4) | | |
| Purchases of real estate | | \$ | S | |
| Purchase, rental or leasing and installation of | machinery and equipment | □ \$ | □ \$ | |
| Construction or leasing of plant buildings and | facilities | □ \$ | □ \$ | |
| Acquisition of other businesses (including the may be used in exchange for the assets or sect | value of securities involved in this offering that urities of another issuer pursuant to a merger) | □ \$ | S | |
| Repayment of indebtedness | | S | □ \$ | |
| Working capital | | □ \$ | □ \$ | |
| Other (specify): Portfolio Investments | | □ \$ | ☒ \$ <u>749,970,000</u> | |
| Column Totals | | ⊠ \$_(4) | ☒ \$ <u>749,970,000</u> | |
| Total Payments Listed (column totals added). | | ⊠ \$ <u>74</u> | 9,970,000 | |
| | D. FEDERAL SIGNATURE | | | |
| The issuer has duly caused this notice to be signed an undertaking by the issuer to furnish to the U.S. Sonon-accredited investor pursuant to paragraph (b)(2) | by the undersigned duly authorized person. If this notice is filed usecurities and Exchange Commission, upon written request of its solon Rule 502. | nder Rule 505, the follo taff, the information fu | owing signature constitute mished by the issuer to an | |
| Issuer (Print or Type) | Signature | Date | | |
| EDEN CAPITAL PARTNERS, L.P. | Asm J. Nerm | March / | 2 , 2009 | |
| Name of Signer (Print or Type) | Title of Signer (Print or Type) | | | |
| BY: EDEN CAPITAL MANAGEMENT PARTNERS, L.P., ITS GENERAL PARTNER | | | | |
| BY: EDEN MANAGEMENT, LLC, ITS GENERAL PARTNER | PRESIDENT AND SOLE PRINCIPAL OF EDEN MANAGORE DEN CAPITAL MANAGEMENT PARTNERS, L.P. ISSUER | | | |
| BY: ADAM J. NEWAR, ITS PRESIDENT ANI SOLE PRINCIPAL | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | |

(4) The General Partner is entitled to a management fee and a performance allocation. The terms of the management fee and the performance allocation are fully discussed in the Issuer's confidential offering materials.

| | • | E. STATE SIGNATURI | E | | | | | | |
|------|--|---|------------------------------|--------------------|--------------|----------|--|--|--|
| | the second secon | | | | Yes | No | | | |
| 1. | Is any party described in 17 CFR 230.262 presently s | subject to any of the disqualification pro | visions of such rule? | | | | | | |
| | Se | ee Appendix, Column 5, for state response | NOT APPLICABLE | | | | | | |
| 2. | The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law. | | | | | | | | |
| 3. | The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. | | | | | | | | |
| 4. | The second secon | | | | | | | | |
| The | sissuer has read this notification and knows the contension. | its to be true and has duly caused this no | tice to be signed on its beh | alf by the undersi | gned duly au | thorized | | | |
| Issu | uer (Print or Type) | Signature | | Date | | | | | |
| ED | EN CAPITAL PARTNERS, L.P. | Hom D. NEW | Im | March /2, | , 2009 | | | | |
| Nat | ne (Print or Type) | Title (Print or Type) | | | | | | | |
| | : EDEN CAPITAL MANAGEMENT RTNERS, L.P., ITS GENERAL PARTNER | | | | | | | | |
| | r: Eden Management, LLC, General Partner | PRESIDENT AND SOLE PRINCIP. PARTNER OF EDEN CAPITAL M | | | | | | | |
| | : ADAM J. NEWAR, ITS PRESIDENT AND LE PRINCIPAL | OF THE ISSUER | | , , | | | | | |

Instruction:
Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.